

PTO/SB/122 (01-08)
Approved for use through 12/31/2009. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are regulated to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/647,364	\
Filing Date	August 25, 2003	
First Named Inventor	Paul BLAIS	
Art Unit	3752	
Examiner Name	Christopher Kim	
Attorney Docket Number	4-732-0-US	

Please change the Correspondence Address for the abov The address associated with Customer Number. 8066		application to:		
OR				
Firm or Individual Name				
Address				
City	State	Zip		
Country				
Telephone	Email			
data associated with an existing Customer Number use "Request for Customer Number Data Change" (?TO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/30). Attorney or agent of record. Registration Number 4/9/9/0 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Name Date Date Date Date Date Do S Telephone A 59-8/57 NOTE: Signatures of all the inventors or assignees of record of the entire rite at an application and application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Name Date Date Date Telephone A 59-8/57 NOTE: Signatures of all the inventors or assignees of record of the entire rite at an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Name Date Date Telephone A 59-8/57				
Total offorms are submitted.				
This collection of Information is required by 37 CFR 1.33. The Info, has to procees) an application. Confidentiality is governed by 35 U.S.C. Including gathering, propering and automating the completed application amount of time you require to complete this form and/or suggestions for recurrence of the control of time you require to complete this form and/or suggestions for recurrence of the control of the c	ing sits derength NaM⊈ sits derength	and the same internal of the same of the s		

If you need assistance in completing the form, call 1-600-PTO-9199 and select option 2.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1430.